



Therapeutic Recreation Services
Project SUCCESS
12011 Government Center Parkway, 10th Floor
Fairfax, Virginia 22035-1115
703-324-5532, TTY 703-222-9693



www.fairfaxcounty.gov/rec

Project SUCCESS

Student Registration Form

(All Information Will Be Kept Confidential)

Name of Participant: _____ Date of Birth: _____
Name of Parent/ Guardian: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Business Phone: _____
Email Address: _____
School Attending: _____ Grade entering in September 2006: _____

FAMILY PHYSICIAN

Name: _____ Phone: _____
Address: _____
Insurance Coverage: _____
Allergies or Restrictions: _____
Medications: _____

Does this participant require any accommodations that we should be aware of?

___ YES ___ NO

If YES, please describe the necessary accommodations needed so that you can fully benefit from the Project SUCCESS Program:

Is there currently an IEP in effect for this student?

___ YES ___ NO

If YES, how can Project SUCCESS help achieve some of these goals (i.e. communication skills, social skills, etc.)?

EMERGENCY CONTACT NAME (Please list 2 emergency contacts with authorization to pick up and care for participant in an emergency)

Contact #1 _____

Phone #: _____

Relationship to Participant: _____

Contact #2 _____

Phone #: _____

Relationship to Participant: _____

EMERGENCY MEDICAL

The Fairfax County Department of Community and Recreation Services has my permission, in an emergency situation to take me/my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well being of myself/my child.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if Participant is under 18 years of age)

MEDIA REALASE FOR PROJECT SUCCESS

I hereby authorize and give my consent to The Fairfax County Department of Community and Recreation Services and/or its agents and assigns, to take photos and/or videos of myself/my child for promotional, educational, and/or reporting purposes, and do hereby waive any rights to compensation there from. I also release The Fairfax County Department of Community and Recreation Services and/or its agents or assigns from any claim, which may accrue against them in connection with said use.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if Participant is under 18 years of age)

CONSENT FOR PARTICIPATION

This is to certify that I do consent to participation in all activities, including services projects, sponsored by Project SUCCESS and The Fairfax County Department of Community and Recreation Services. I have read and agree to abide by the rules of conduct.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if Participant is under 18 years of age)

VIRGINIA FREEDOM OF INFORMATION ACT

Youth registration information provided to The Fairfax County Department of Community and Recreation Services (DCRS) is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that this information not be released. Please check here ☐ if you do not grant DCRS permission to release your child's registration information.

PROJECT SUCCESS RULES OF CONDUCT

We expect that all participants maintain good behavioral conduct while at the meetings as well as at service projects. Individuals are expected to follow the general rules (with or without assistance), which include:

- Stay with an assigned group
- Keep hands to yourself
- Follow directions
- Participate as fully as possible
- Care for personal belongings or request assistance as needed
- Use equipment and supplies appropriately without destruction
- Use friendly language (no abusive language)

TERMINATION OF PARTICIPATION

Project SUCCESS reserves the right or to end the participation in the program if:

- The participant's actions cause injury to self, peers, or staff
- The participant exhibits inappropriate behaviors which may inhibit participation in community activities
- The participant engages in repetitive, aggressive, harmful, or disruptive behavior
- The participant fails to follow general rules of conduct
- The participant does not meet the eligibility criteria for the program

Please Return Project SUCCESS Registration Forms to:

Therapeutic Recreation Services

Project SUCCESS

12011 Government Center Parkway, 10th Floor

Fairfax, Virginia 22035-1115



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For more information, call Mary Wolf, 703-324-5539. TTY 703-222-9693.